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CARE AND CONTROL

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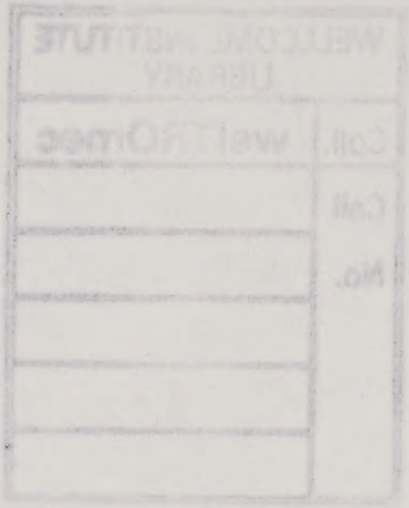
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TROPICAL DISEASES BUREAU RECEIVED 28 OCT 191

THE DUTY OF THE GOVERNMENT IN LEPROSY CARE AND CONTROL*

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The modern interest in leprosy was excited in the decade between 1880 and 1890, governed largely by the announcement of the discovery of the leprosy bacillus by Hansen in 1879 and by the death of Father Damien in the later eighties.

Impetus was given the study of leprosy by the immense work undertaken and completed by the British government in India and embodied in the report of a special commission, promulgated in 1890.

Many other governments grew active and the Berlin conference of 1897 was the direct outcome. Representatives of all important leprosy centers were there, as well as delegates from countries casually interested. The findings of that conference were important. Not only was leprosy declared contagious, but it was also considered so important in the economic relations of governments as to occasion especial recommendation of isolation "in all countries where social and legal conditions permit."

As special action covering this phase of the control of leprosy, resolutions were adopted, without a dissenting vote, covering isolation, to wit:

1. All cases of leprosy should be reported, and this should be made compulsory.

2. Each leper should be isolated.

3. Every government must recognize the necessity and the method of effecting isolation under its own social conditions.

4. That it be recommended to every government that isolation is necessary to prevent the spread of leprosy, and that the health authorities be authorized to act under the regulation of civil and national assemblies.

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* Read before the Section on Dermatology at the Sixty-Fifth Annual Session of the American Medical Association, Atlantic City, N. J., June, 1914.

The response to the deliberations of the Berlin meeting was wide-spread, and a renewed effort was made by most civilized countries to investigate leprosy and to provide for its control. Among the few countries which ignored the findings was the United States.

EVIDENCE OF LEPROSY IN THE UNITED STATES; INDIGENOUS AND IMPORTED CASES

Twice in the last fifteen years the U. S. Public Health Service has been authorized to make a leprosy survey in this country.

The first report of 1902 submitted 278 cases as the result of the commission's work. Of these cases, 155 were from Louisiana alone. The balance of the cases came irregularly from other states, where no general system prevailed for the care of leprosy or of its notice.

The second report, in 1912, I believe, showed practically the same results.

The mere compilation of state records and of current periodicals showed that neither of these official reports was of any statistical value.

Since 1894, the Louisiana Leper Home alone has cared for nearly as many lepers as the Public Health Service statistics showed for the whole United States. That leper home has had a gradually increasing population, now numbering nearly 100 inmates. Texas has a number of cases, known to be as many as twenty-five or thirty, and estimated at twice that number; Florida has a number of cases also. There are cases in Mississippi and Alabama, and in all these states the great majority have originated in the state in which the disease has been recognized. California has had around thirty cases under control for many years. New York City has many cases—more reported in the journals than in all other sections put together; in New York the number is usually estimated at more than 100. Massachusetts has enough cases to have demanded an isolation hospital for them. Other states have noted cases, as Oregon, Minnesota, Michigan, Pennsylvania, Iowa, Wisconsin, Missouri, Ohio, Indiana, etc.

The disease is wide-spread and without much hindrance or control. The easy entrance of these cases from foreign countries is evident in the clinics in New York City as reported at the various dermatologic soci-

eties. In the winter of 1911-1912, at a meeting of the Academy of Medicine, seventeen cases were shown; among them not more than two or three were native-born, the rest coming from Central America, the West Indies or Continental Europe. At a clinic on the day of that meeting, several cases of extreme types were shown, all the patients being foreign-born.

THE FAILURE OF STATE ADMINISTRATION

The indifference of many states is in strong contrast with the hysteric activity of others. In New York the leper goes about freely, visiting the clinics, and often remaining as an inmate in a general hospital. Some lepers are confined on Blackwell's Island, but too few to be significant of any public health effort. The states of West Virginia and Maryland a few years ago struggled with one another to see which could be more medieval in the handling of a Syrian leper. The case of the soldier Early is still an acute problem in the care of leprosy. It will be remembered that his final allotment to government care disposed of popular clamor. Texas has passed laws which could not be enforced because of popular prejudices.

In Louisiana the law is adequate, compelling the report and confinement of lepers, but they abscond from the home, or run away to another state as soon as they know what is the matter with them.

The knowledge of the existence of the Louisiana Leper Home has made it the asylum for lepers from other states and even other countries, in spite of the fact that the law is specific in restricting provisions to Louisiana residents. There are many ways of subterfuge. The growing tax on Louisiana will be an obvious object-lesson to other states as soon as the provision for leprosy control is demanded by the incidence of the disease. Meanwhile no state has as yet solved the problem of leprosy control, and the disease grows annually in its spread and in its numbers.

THE PATERNAL FUNCTION OF THE GOVERNMENT

The federal government until now has been apathetic to this question. It might be properly urged that leprosy, like tuberculosis, syphilis, pellagra or smallpox, is a question of state administration under local health authorities. But the government has taken direct interest in some of these things, even at home.

The stronger opposing argument, however, is the attitude of the government abroad.

Leprosy is a matter of such direct concern to the United States in the Sandwich Islands, Porto Rico, the Philippines and even on the Island of Guam, that in each of these territorial divisions there are large provisions for leprosy. The Philippines are provided with several asylums; the Sandwich Islands conduct a model leper colony for less than 500 inmates and appropriations are constant for the care of this asylum. More than this, only a few years ago as much as $250,000 was appropriated for the study of leprosy at Molokai.

Why has no provision been made at home, other than makeshift investigations which have no real value in the control of the disease?

OPPORTUNITY IN RESEARCH, TREATMENT AND CARE

It is true that good work in the study of leprosy has been accomplished by Brinkerhoff at Molokai, and Heiser and Clegg at Manila, but with the very limited opportunities afforded in this country, more has been done in treatment and care than in the colonies. The influence of climate has been observed in Minnesota; the treatment now most used in this country and in the Philippines originated at the Louisiana home and in my practice. The study of leprosy transmission to monkeys, fish and cold-blooded animals was elaborated by the laboratories of Tulane. The cultivation of the accepted bacillus of leprosy was furthered in this country, and at least one of the modern vaccines was originated in this country.

How much more could be done with governmental control and governmental opportunity, coordinating the many men available in the United States for such work!

This is a problem of national interest and importance and it only needs concentrated effort to solve it, which means permitting proper methods.

THE DANGER IN NEGLECT; EPIDEMIOLOGY IN THE UNITED STATES

As yet no great effort has been made to control leprosy in the United States. The foci of the disease are already recognized at all the four points of the compass—Minnesota, New York, California, Louisi-

ana and Texas. The sporadic cases in the states in the middle territory show the signals of new areas of infection. Each seaport at present is a ready medium of new cases as quarantine of leprosy is administered, and once admitted the regulations of local and state boards of health are not adequate in provisions or enforcement to check the ingress by a proper notification to federal officials charged with the quarantine enforcement. Those of us who have been persistently militant in the demand for national control of leprosy are repeatedly subjected to the charge of hysteria in our ideas of the dangers of leprosy. Such attacks are engaged in by men to whom leprosy is an exotic disease, rarely observed and to whom no economic, sociologic or domestic phase can appeal. The disruption of a family through the occurrence of leprosy in its bread-winner; the horror of public condemnation of the unfortunate attacked by the disease; the notice of fresh outbreak in the same family, all are forceful arguments to one who knows the habits of the disease and the possibilities of the outcome. While leprosy is slowly contagious and probably mildly contagious, its usual horrors argue the danger of neglect. With probably 500 known cases to-day, how many will there be in ten years, if there is no control?

PREVIOUS ATTEMPTS AT NATIONAL LEGISLATION AND ACTION FOR LEPROSY CONTROL

In 1900, a bill for a national leper law was introduced at the Fifty-Sixth Congress by Mr. Raynor of Maryland. Its provisions generally contemplated a response to the Berlin Lepra Conference. A commissioner on leprosy was projected, to cooperate with state boards of health. A reservation in Yellowstone Park or other suitable place was suggested, with an appropriation of $50,000 for the erection of suitable buildings. The bill carried provisions for the apprehension, observation and control of the individual leper, in and out of the national asylum, which should be open to all lepers in the United States. Provision for regulation of entrance or transportation of lepers from foreign countries, territories, etc., was also made. It was intended that the asylum should be in charge of the United States Public Health Service. This bill died in committee.

In April, 1913, at the first session of the Sixty-Third Congress, Mr. Lafferty introduced House Bill 1751, providing for a national leprosarium. The text follows:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of the Treasury be, and he is hereby, authorized and directed to establish a national leprosarium in the United States or any of its insular possessions, the location thereof to be decided upon after proper investigation by the Surgeon-General of the United States Public Health Service, subject to the approval of the Secretary of the Treasury. The Secretary of the Treasury shall have power to acquire, by condemnation or otherwise, a suitable site for the leprosarium and shall erect thereon all necessary buildings and thoroughly equip the same for the proper care and treatment of lepers confined therein and for the investigation and study of the disease of leprosy.

Sec. 2. That the Surgeon-General of the United States Public Health Service shall appoint all medical officers, assistants, surgeons, pharmacists and other necessary employees, and shall promulgate and adopt, subject to the approval of the Secretary of the Treasury, all necessary rules and regulations to carry this act into effect.

Sec. 3. That, under authority of this act, any state or territory of the United States is authorized to transport all persons afflicted with leprosy found therein to the leprosarium, and the Surgeon-General is directed to receive the same, such transportation charges to be paid by the United States.

Sec. 4. That there is hereby appropriated, out of any money in the treasury not otherwise appropriated, the sum of ——— for carrying this act into effect.

This bill has been before Congress over a year. A recent reading of the bill was noted in the press, but unless more interest is excited it will likely go the way of the first attempt.

RECOMMENDATIONS

The Lafferty bill should become law and the provisions for leprosy isolation should be adequately undertaken at once.

The institution of a leper colony should carry with it all of the necessary details for the proper care of the patients as well as for the study of the disease.

The cases should be grouped according to their type and stage. Terminal cases should be separated from recently developed cases. An infirmary should care for those with complicating diseases. Single rooms are better than wards, and these should be arranged with ample ventilation—as nearly open air as possible. Frame buildings are more desirable than other structures as they may be easily destroyed or renewed should this be desired. The walls, ceilings and floors should be of such material as to permit frequent fumigation. Men and women and children should be separated in any colony provision aiming at final cure.

All hospital plans should look out for the provision for bathing facilities, hot water especially.

No matter what experimental treatment may finally attain, accepted methods should be systematically followed.

The first and most important thing is to have a national asylum established. Then its opportunities should be broadly offered to all students of the disease.

The hospital facilities should be of such a character as to attract the leper who wishes treatment and care. The general public should know early that the national leper home is not for compulsory detention but for the care and possible cure of the disease.

124 Baronne Street.

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